

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held 1pm Thursday 29 September 2016
Park Inn, Telford Centre

PUBLIC SESSION MINUTES

Present:	Mr P Latchford Mr P Cronin Mr H Darbhanga Mr C Deadman Dr R Hooper Mr B Newman Dr S Walford Mr S Wright Mrs S Bloomfield Dr E Borman Mrs D Kadum Mr N Nisbet	Chair Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Chief Executive Officer (CEO) Director of Nursing and Quality (DNQ) Medical Director (MD) Chief Operating Officer (COO) Finance Director (FD)
	Mrs J Clarke	Director of Corporate Governance / Company Secretary
In Attendance	Miss V Maher	Workforce Director (WD)
Meeting Secretary	Mrs S Matthey	Committee Secretary (CS)
Apologies:	None	

2016.2/124 WELCOME:

The Chair welcomed the Board members and members of the public who were informed that it is a meeting in public rather than a public meeting, and advised that there would be an opportunity to ask questions at the end. The Chair requested that no recordings or photography be used.

Due to the nature of the current debate relating to the future provision of hospital services, the Chair agreed to hold discussions relating to the progress of Future Fit and Sustainable Services as the Board's first public agenda item; he reported that he would then invite questions at the end of that item.

2016.2/125 FUTURE FIT UPDATE

The Future Fit Programme Director (Mrs D Vogler) reported that a non-financial appraisal had been held on Friday 23 September. This is one essential element of the Future Fit process and there will also be a financial appraisal to overlay on this to give the economic appraisal; an Integrated Impact Assessment has also been completed.

The emerging model is that both hospitals will continue to treat patients with urgent needs along with a single Emergency Centre as the portal of entry for all emergency cases delivered by ambulance 999 calls. Detailed workforce plans will be included in the Outline Business Case (OBC) and this will be aligned with the wider pathway work being progressed under the Sustainability & Transformation Plan (STP) neighbourhood works as this is developed further. The six condition pathways are respiratory (including paediatric asthma), chronic kidney disease, diabetes, heart failure, preventing falls & fractures

..... Chair
1 December 2016

and frailty.

The Clinical Senate (a body of independent clinicians) will scrutinise the options and consider the viability of the proposed option. This part of the process will commence from 17 October for a period of three weeks and will involve site visits, meetings with clinicians, managers, etc. This information will also form part of the Pre-Consultation Business Case (PCBC) submission to NHSE in November as part of the Stage 2 Assurance Process necessary prior to public consultation for a minimum of 12 weeks from mid-December 2016.

The Chair enquired when will the system as a whole have settled on a proposed option and when will this be tested through public consultation as an hypothesis to deliver the best interests of patients. Mrs Vogler (Future Fit Programme Director) reported that if there is a preferred option, it will be received as by the joint CCG Committee during October/November 2016.

Mr Newman (NED) highlighted that public consultation is proposed to commence in mid-December. He asked if the Future Fit Programme Director could foresee anything that would delay this process, and if the start of the consultation were would this then push the process back to after purdah in May 2017. He was informed that a panel will be convened during November; and NHSI and NHSE will look at the processes to ensure there are no undue delays.

Following discussion, the Board NOTED the NHS Future Fit Programme Directors update.

2016.2/126 SATH SUSTAINABLE SERVICES PROGRAMME UPDATE OUTLINING DEVELOPMENTS, ENGAGEMENT AND NEXT-STEPS (*Presentation attached to Minutes*)

The FD provided a presentation and updated on the following progress and development:

- Ongoing clinical and non-clinical discussions and planning
 - Testing the clinical assumptions through clinical review and audit – the Unscheduled Care Group Medical Director has tested the 72 hour transfer proposal on two occasions at both sites and is satisfied it is a realistic planning assumption
 - Draft Operational Policies and internal pathways have been completed and signed off by Clinical Teams
 - Continuing to check the very latest best practice and evidence from models elsewhere in the health service
- Progressing the detail on telehealth, informatics, self-monitoring and how IT can support redesigned patient pathways with external organisation Channel 3
- Financial testing regarding affordability and value for money has been undertaken

The CEO highlighted that 21 separate Task & Finish Groups have been held, as well as 88 small group/individual meetings and 33 roadshows, and 254 consultants have been met with to discuss the future model; overall 96% of Trust staff have been met or engaged with to discuss the plans and options. Throughout this process, emphasis has been placed on the safety and care aspects of delivery.

The Chair highlighted that the way the decision is reached must be effective and take into account all factors including access, quality, workforce and deliverability. He enquired when the benefit of the reconfiguration would be seen in Shropshire. The members were informed that much depends on the option chosen but changes and benefits would be realised within 3-4 years following the point of approval of the business case. This would not include the completion of all building work, but would include the completion of the reconfiguration.

The Chair invited questions from the members of the public at this point:

..... Chair
1 December 2016

2016.2/127 QUESTIONS FROM THE FLOOR

- Q1** A gentleman asked the Board to guarantee that they will be open, transparent and provide the full facts throughout the process.
- A1** *The public were informed that the decision making process sits with the Future Fit Programme Board, and the final decision on the preferred options lies with the CCGs, but this would be tested through the public consultation process. The public could gain access to information from the Future Fit Board, the CCG Boards and the SaTH Trust Board and their websites. It was confirmed that the SaTH Board would be open and honest as the Board was fully committed to delivering the best solution for all its communities.*
- Q2** A member of the public highlighted that the language used seems opaque and difficult to understand; the public requires plain communication to address the needs of friends / children / parents who are ill. It was felt that this process appears to be out of touch with people's lives and conversations are required to alleviate people's concerns.
- A2** *The Chair agreed that plain English should be used throughout the consultation and that user-friendly documents would be prepared.*
- Q3** A member of the public enquired what 'consultation' really means and suggested that what is being offered is a worse service which the public aren't interested in. It appears minds have already been made up.
- A3** *The MD assured the members of the public that clinicians, doctors, therapists, nurses, etc wish to provide the best possible service for the next generation and this involves designs for one A&E service along with the development of Centres of Excellence and pathways designed in the community.*
- Q4** Cllr Shaun Davies, Leader of Telford & Wrekin Council, attended the meeting and stated that the Borough has lost all confidence in the Future Fit process; he felt it was not sensible to go out to public consultation at this point.
Cllr Davies asked the Board to give T&W Council 30 days to gain confidence in the Future Fit programme; if this does not happen, the Council will lobby for judicial review. He highlighted that they need this time to gain assurance and reported that they would like the Board to work with them as a Council, to give them time, to engage and talk together.
- A4** *The Chair thanked Cllr Davies for his comments but highlighted that the SaTH Board is not the Future Fit Programme Board or the decision-maker in regards to his request. The Future Fit Programme Director confirmed to the meeting that throughout the process the Future Fit team has continually engaged with the joint Health Overview Scrutiny Committee and council members and they have continually provided feedback.*
- Q5** A member of the public highlighted that this is an emotive issue and therefore requested that all concerns and new ideas be taken on board to ensure there are no negative impacts for future generations.
The issue of 'language' was raised once again and the member of the public enquired if:
- The Terms of Reference for the public consultation could be published before the consultation began
 - The consultation would outline the hypothesis
 - The various appraisals undertaken would be made public
 - the processes aligned with the capital model funding
- A5** *The Chair supported these suggestions. The public were informed that capital costs have been identified against various options, but the full detail is not yet available. Various exercises are required, Clinical Senate, etc, prior to the Business Case being forwarded to the Treasury following the Gateway process, which is the responsibility of NHS England.*
- Q6** Ms George highlighted her concern about the tone of the contribution with regard to 'clinicians wanting the new A&E service' as she believed that patients would like healthcare that they can reach.

..... Chair
1 December 2016

Ms George asked if the Trust believes the 22% reduction of A&E attendances and a 19% fall in elective activity could be delivered, as the plan is based on those assumptions, otherwise the two sites would be far too small.

She also highlighted the following in relation to Community services:

- The public require the hospital services; savings would be negligible; there are choices – should we plough on or should we stop and pull the plug.
- Ms George encouraged the CCG to submit evidence to the Clinical Senate from Shropshire Defend Our NHS
- She asked if the Impact Assessment could be released to the public
- As the Public consultation will be on Options B & C1, it appears the options are pre-determined

A6

The Chair reported that it is incumbent on clinicians to design and test the future model which would look at evidence and best practice.

The Programme Director (Mrs Vogler) agreed to address the queries raised directly with Ms George.

Q7

A member of the public commented that people don't have any confidence in Urgent Care Centres and would continue to present to the single A&E.

A7

The CEO reported that the future facility is an Emergency Centre, not an A&E and 80% of the A&E model would remain at the two hospital sites.

Q8

Mr Sandbach highlighted that when the public consultation commences, it will relate to:

- The two options (Option B & Option C1)

2016.2/128

VIP AWARD

The WD informed the members that the VIP Award has replaced the previously celebrated Chair's Award. The VIP Award will recognise staff throughout the organisation and will be aligned to celebrating the Trust's values.

Staff will be nominated on a monthly basis from each of the Care Groups and the individual / team winner will be chosen from this group of finalists.

The VIP Awards event will be held on an annual basis and the monthly recipients of the VIP Award throughout the year will attend the Awards evening as finalists. The first event was being held after the Board meeting.

The WD reported that the latest staff survey demonstrates that 97% of Trust staff are aware of the Trust Values; however, only half of these said these are lived. This is therefore part of a developmental piece to embed the Values within the culture of the organisation.

2016.2/129

PATIENT STORY

The DNQ presented a video relating to the care recently received by Mary-Ann Bruce during an admission to hospital in July 2016. Unfortunately Ms Bruce was unable to attend to present personally.

Mary-Ann Bruce was admitted to the Day Surgery Unit for a Laparoscopic Cholecystectomy. Although the outcome has been successful, Mary-Ann wrote to the Patient Advice Liaison Service to inform them of her overall experience as there were parts that the Trust should be aware of; although she did not wish to make a complaint.

The following were good experiences:

- The consultant was very experienced in this type of surgery and Mary-Ann could research patients comments about his approach and outcomes,
- All the medical and anaesthetic staff provided reassurance to Mary-Ann
- The recovery team had sorted out anti-emetics and pain killers immediately post-op and;
- The nurse and HCA looking after Mary-Ann were kind

..... Chair
1 December 2016

However, she highlighted in some detail and quite poignantly aspects that require attention:

- Privacy/dignity and respect:
- Better Communication:
- More compassionate post-operative care

Overall, Mary-Ann Bruce was pleased with the outcome of her procedure and encouraged the organisation to be proud of what we provide.

The DNQ reported that Mary-Ann's story on video has been widely shared with staff as a learning opportunity, following which a number of actions have been taken in relation to the issues raised. Mary-Ann is impressed by the amount of learning and processes that have changed since her experience in July 2016.

The Chair highlighted that this patient story was the perfect illustration of why the organisation strives to be the safest and kindest.

2016.2/130 SUMMARY OF LEARNING FROM PATIENT STORIES

The DNQ reported that she remains in contact with the family of one case that has been raised over the last six months.

2016.2/131 BOARD MEMBER'S DECLARATIONS OF INTEREST

The Board received the Declarations of Interest for information only.

2016.2/132 DRAFT MINUTES OF MEETING HELD IN PUBLIC on 30 June 2016 and DRAFT MINUTES OF AGM MEETING HELD IN PUBLIC on 3 September 2016

The minutes of the public meeting held on 30 June 2016 and the Annual General Meeting held on 3 September 2016 were APPROVED as a true record.

2016.2/133 ACTIONS / MATTERS ARISING FROM MEETING HELD 30 JUNE 2016

2016.2/133.1 2016.2/65.4 – Matters Arising 2016.2/31.3 – Patient Experience Strategy
DNQ to present full Strategy to September 2016 Trust Board

Deferred to December 2016 Trust Board. Action: DNQ Due: 1 December 2016 Trust Board

2016.2/133.2 2016.2/65.8 – Matters Arising 2016.2/44 – Annual Review of Standing Orders, SFIs and Scheme of Delegation

FD to present to September 2016 Trust Board

See minute 2016.2/149 Action closed.

2016.2/133.3 2016.2/96 – International Nurses Day Video

DNQ to present to September 2016 Trust Board.

To present for 2017 Day. Action closed

2016.2/133.4 2016.2/98 – Board Members Declarations

Committee Secretary to add P Cronin's Declaration of Interest

Completed. Action closed.

2016.2/133.5 2016.2/105 – Progress Report on Learning and Actions from Report of Kate Stanton-Davies

DNQ to produce a report of actions by recommendations and timescales

See minute 2016.2/142 Action closed.

..... Chair
1 December 2016

- 2016.2/133.6** *DNQ to identify how the W&C Care Group are being supported (following being under scrutiny for many years) and include in September Board update.*
The DNQ reported that an independent external midwife is currently scrutinising the W&C service with regard to support, assurance, etc.
Completed. Action closed.
- 2016.2/133.7** 2016.2/106 – Stroke Services Situation Report
CEO to look into the allegations that had been made by the members of the public
See minute 2016.2/143 Action closed.
- 2016.2/133.8** 2016.2/107 – Sustainability Committee Update
FD/WD to put pressure on the system in relation to those not applying the Agency Cap
See minute 2016.2/144 Action closed.
- 2016.2/133.9** 2016.2/107 – Sustainability Committee Update
FD/WD to identify further options and plans to present to the Board for further discussion
See minute 2016.2/144 Action closed.
- 2016.2/133.10** 2016.2/109 – Trust Performance Report – Financial Performance
COO to keep the Chair abreast of the situation in relation to the engagement of the whole system plan – System Resilience Group to hold discussions
See minute 2016.2/146 Action closed.
- 2016.2/133.11** 2016.2/116 – SaTH Sustainable Services Programme Update
FD to present Outline Business Case to September/October 2016 Trust Board
To be presented to a future public Trust Board meeting.
Action: FD Due: October/November 2016
- 2016.2/133.12** 2016.2/120.2 – Learning/Reflection of the Meeting
FD to discuss at Sustainability Committee the issue of the Board being presented with items requiring Capital expenditure
It was reported that a principle clarifies this within the Standing Orders.
Completed. Action closed.
- 2016.2/133.13** 2016.2/122 A3 – Questions from the Floor
FD to obtain further detail in relation to the saving of £9m duplications costs, as reported in the Operating Plan 2016/17, and forward the detail to the member of the public
The members were informed that discussions are ongoing with the individual following a recent Freedom of Information request.
Completed. Action closed.
- 2016.2/134** **ACTIONS / MATTERS ARISING FROM AGM MEETING HELD 3 SEPTEMBER 2016**
- 2016.2/126.2 – Questions from the Floor
DCG to liaise with Audiology Department to identify ways to enhance sound levels at future Board meetings.
The DCG reported that a hearing loop system will be purchased for use at future meetings. **Completed. Action closed.**
- 2016.2/126.3 – Questions from the Floor
WD to investigate concerns raised relating to a nursing overtime board and provide update to September Trust Board.
The WD reported that most ward areas have an off-duty rota to enable staff to see their duties for the following 6-8 weeks, and it appears staff have raised concerns relating the expectation for them to pick-up additional shifts. The staff are not expected to pick up the additional shifts; but are offered them in

..... Chair
1 December 2016

the first instance prior to the shifts being offered out to agency staff to fill.

The WD reported that she is working on this further and will provide an update to a future Board.

Action: WD Due: 1 December 2016

2016.2/135 TRUST BOARD FORWARD PLAN

The members were informed that it is anticipated to hold a public Board meeting during October / November to receive the proposed Outline Business Case, following the Future Fit Programme Board and CCG meetings being held in October.

The three-month forward plan was RECEIVED and APPROVED.

2016.2/136 CHIEF EXECUTIVE'S OVERVIEW

The CEO provided a 'View from the Bridge' relating to:

- The CEO thanked the members of the public for supporting SaTH at the Trust AGM / Family Fun Day on Saturday 3 September. This event will be held on an annual basis.
- The Trust has exceeded the target of 1,000 members of staff being trained in VMI work. The organisation has introduced its own Transforming Care Institute (TCI), based in the Copthorne building at RSH.
- Preparations have commenced for Winter. The System Resilience Group been replaced by the A&E Delivery Group. The system has agreed to identify when patients are in the wrong environment, to ensure capacity is available to meet the needs of our patients. That piece of work has commenced.
- The Trust's Senior Leadership Team (SLT) has been encouraged to have a presence throughout the organisation; each SLT member will adopt a ward to work alongside.
- The CEO reported that he will chair a symposium with the Nuffield on 13 October in relation to current health challenges, looking at rural models of care. The Secretary of State has been invited to attend the second meeting being held during February 2017.
- A Sepsis Video has been launched and will feature at the National Patient Safety Conference.
- The CEO highlighted the importance of the Trust's role in education. He reported that he has agreed to take part in the Midlands group for our population, to attract higher learning into our counties.
- A visit has taken place to RAF Shawbury to extend a covenant to provide support/transition to the armed forces wishing to return to civilian work
- Work continues on the safest/kindest model of care; this will be launched through the fifth leadership conference within the next few weeks
- The CEO reported that he has been in contact with the CEO of NHS Orkney who has agreed to visit our community to share their learning. This will form part of the work with the Sustainable Transformation Plan (STP).

WORKFORCE

..... Chair
1 December 2016

2016.2/137 WORKFORCE COMMITTEE – 24 JUNE 2016, 22 JULY 2016 & 19 SEPTEMBER 2016

In summary, the WD reported that focus is being placed on workforce assurance issues; and development is key, alongside the Leadership Academy / Leadership Conference which is being launched on 11 November 2016.

Discussions were held during the September Workforce Committee in relation to the Junior Doctors contract which needs to be implemented during October 2016. Further Industrial Action is scheduled for October and November and plans are in place; however, if 5 days of action are taken, it will have a significant impact on elective care.

The Chair reported that the key discussions are in line with other conversations that have been held; and he suggested that it would be beneficial to see a trajectory for key issues.

A total of 27 nurses from the first cohort of 72 Filipino nurses have passed through the system to work within the organisation; 60% of these passed their OSCE (Organisation for Security and Co-operation in Europe) the first time.

A second visit to the Philippines during February 2016 resulted in an offer to a further 76 nurses; a number of which will join the Trust within the next few months, subject to approval/security from the Nursing & Midwifery Council (NMC).

The Board will be kept abreast of developments via future Workforce Committee summaries.

Following discussion, the Board members RECEIVED and APPROVED the items that have been presented to and discussed by the Workforce Committee during June, July and September

2016.2/138 RISK ASSESSMENT PROCESS – EMPLOYING STAFF WITH CRIMINAL CONVICTIONS

The WD presented a paper regarding the risk assessment process of employing staff with criminal convictions; this follows a recent decision by the General Medical Council (GMC) to erase a doctor from the GMC Register and the review in relation to the decision making process of whether to offer employment to individuals with a criminal record or not.

The review concluded that a risk assessment had been completed however there was an absence of a critical friend (for example a HR professional) in the signing off of the assessment. By involving a critical friend, a wider assessment would have been undertaken.

This matter has been fully considered by the HR Business Partner for Employee Relations and the Workforce Committee. The paper highlighted that the Trust has an obligation to support the rehabilitation of individuals with criminal records however this must be carefully risk assessed to ensure the safety of patients, staff and the organisation. There are a number of offenses such as sexual offences or those involving children and vulnerable adults that would mean employment in a Health Care Service would be inappropriate.

Actions approved by the Workforce Committee:

- With immediate effect all risk assessments will need to be reviewed and approved by the Workforce Director; in the case of Doctors and Nurses the Medical and Nursing Director would be included in the review
- All risk assessment paperwork has been updated to reflect this change
- All referrals / restrictions will be discussed with the relevant Director and the Workforce Director to ensure the full organisational impact can be understood

The members RECEIVED and NOTED the paper.

..... Chair
1 December 2016

2016.2/139 APPOINTMENT OF NATIONAL GUARDIAN'S OFFICE (FREEDOM TO SPEAK UP)

The WD presented a paper regarding the need to appoint a Freedom to Speak Up Guardian for the Trust. Freedom to Speak Up means:

- Staff have the confidence to speak up
- It is safe to speak up
- Concerns are investigated
- Speaking up makes a difference
- Concerns are well received

The role will be two Values Guardian to cover both sites one day a week, to support the cultural development to be the safest and kindest within the NHS. Robust training will be provided to support those in that role.

The paper highlighted that the Workforce Committee has fully considered this proposal and fully support it as it is a key aspect of the Organisational Development Plan.

Following discussion, the members APPROVED and SUPPORTED the proposal.

2016.2/140 HR POLICIES:

The WD presented the following policies that have previously been presented to and approved at the Trust Negotiating and Consultative Committee (TNCC) and Policy Approval Group (PAG) meetings :

- HR19 – Retirement Policy
- HR22 – NHS Pension Scheme Policy
- W20 – Staff Car Parking Policy

The members RECEIVED and APPROVED the above policies

QUALITY**2016.2/141 SUMMARY FROM QUALITY COMMITTEE – 23 JUNE 2016**

Dr Walford (NED), Committee Chair of the Quality & Safety Committee, presented a summary of the meeting held on 21 September 2016 which highlighted:

- The Committee considered annual reports and plans relating to the following areas:
 - Cervical Screening Programme
 - C. difficile infection controls
 - The pressure ulcer programme
 - The dementia programme
 - The learning disabilities programme
 - Safeguarding of both adults and children
 - Recent incidents and external reviews
 - The Board Assurance Framework
- Maternity Services:
The Quality & Safety Committee received the first report from the new Head of Midwifery and felt encouraged and assured by the way she is approaching her leadership role and identifying key developmental priorities for the service and its models of care
- Roles of NEDs in Quality Improvement Programmes:
The Committee received a request from the dementia steering group for NED sponsorship. We

..... Chair
1 December 2016

are aware that, in line with CQC good practice guidelines, a similar role is being created in the end of life programme. We have previously considered a special oversight role in paediatrics and the Organ Donor Committee has for some years had direct NED support.

The Quality & Safety Committee are concerned about the extent to which the NEDs will be able to make enough time available to do justice to such roles. Perhaps more significantly, there was concern that programmes without NED sponsorship might be seen as less important to the Trust.

The Board members RECEIVED and APPROVED the items that have been presented to and discussed by the Q&S Committee during September, and the Chair confirmed that he would reflect on the NED sponsorship discussion.

The Chair thanked Dr Walford for his wise counsel during his time as NED and Chair of Quality & Safety Committee over the years and wished him well in his retirement.

2016.2/142 RECOMMENDATIONS FROM KATE STANTON-DAVIES REPORT

The DNQ presented a progress report on the learning and actions that the Trust has taken following the death of Kate Stanton Jones in Ludlow on 1 March 2009.

The DNQ reported that she is in open and honest discussions with Mr Stanton and Ms Davies on a quarterly basis and embedding evidence into the action plan for their assurance.

The DNQ reported that she has spent a great deal of time with the new Head of Midwifery with regards to the Women & Children's Service, and a monthly meeting is held in relation to the KSD action plan which she wishes to review/reformat and attend future Quality & Safety Committee meetings to provide assurance.

The Chair reported that previous discussions have highlighted that individuals should be held to account; the DNQ confirmed that she felt confident around the current process.

Following discussion, the members:

- APPROVED the action plan
- Agreed DELEGATED AUTHORITY to the Quality & Safety Committee to provide ongoing monitoring, scrutiny and challenge to its delivery
- Asked to RECEIVE an overview of progress, improvement and any concerns at each Board meeting

2016.2/143 STROKE SERVICES UPDATE

Following discussion at the June 2016 Trust Board; the COO presented an update relating to the temporary transition of the Trust's Stroke Services to PRH. This was due to the gaps in the Stroke Consultant workforce, one that was known and another unexpected; and in the interests of clinical safety the Trust made the decision to temporarily change the Stroke Service model by transferring all Stroke Rehabilitation from the RSH site to the PRH site on an interim basis.

On 8 August 2016 the CCG's and Health Overview and Scrutiny Committee (HOSC) were advised that the Stroke Rehabilitation service at the Royal Shrewsbury Hospital site would return on Monday 5 September 2016 following the recruitment of a new Consultant; however as the newly appointed Consultant required an initial period of supervision, it required all of the Stroke Consultants to maintain their work base at the Princess Royal Hospital site.

The service model in place from 5 September 2016 is as follows:

..... Chair
1 December 2016

- Patients will be transferred from PRH to RSH with a rehabilitation plan in place as agreed by the multidisciplinary team, led by the Stroke Consultant at PRH;
- A specialist therapy team at RSH will support the patient in their rehabilitation;
- Telephone advice from a Stroke Consultant will be available;
- Consultant medical support on Ward 22S at RSH is in place;
- Should a patient deteriorate they will transfer back to PRH.

The members were informed that there had been no incidents reported or complaints received during the period of transfer of the service from RSH to PRH.

The CEO highlighted that there were errors in communication; lessons have been learnt and when risks are anticipated, they need to be discussed early with the wards and teams. There also needs to be proper patient and public involvement. He confirmed that he met with Ward 22 S/R to apologise for the lack of communication.

The Board RECEIVED and NOTED the update advising of the return of Stroke Rehabilitation Services to the RSH site

SUSTAINABILITY

2016.2/144 SUMMARY FROM SUSTAINABILITY COMMITTEE – 26 JULY 2016 & 27 SEPTEMBER 2016

The Committee Chair (Mr C Deadman NED) presented the Sustainability Committee updates; highlighting particular concerns in relation to finances and the operational plan.

Finances

The summary reported that at the end of Month 5 the Trust had planned to deliver an in year deficit of £1.768m and actually recorded a deficit of £3.425m. This will lead to serious cash shortages in the coming months and a risk that STP funding, which we are relying on to fund day to day activities, could be withdrawn.

However, there was some progress to report in relation to a reduction in sickness levels of nursing staff down to between 5.0% - 5.8% from very high levels seen earlier in the year. The staff teams and leaders have been congratulated for this as 'sickness' was recognised as being a very complex issue. If sickness levels can be reduced further there are opportunities to significantly recover our financial performance.

Operational Plan

The Operational Plan for Month 5, based upon the trajectories set, recognises ownership within the Care Groups and greater transparency which now exists as a result of the dashboard.

At present the Trust is struggling to deliver/achieve the key elements of the Operational Plan in a number of areas and without immediate mitigation the Trust will be unable to recover this position and deliver the agreed Operational Plan for 2016/17.

The Board RECEIVED and APPROVED the Sustainability Committee summaries.

2016.2/145 CARTER IMPLEMENTATION PROGRAMME: LOCAL PROCUREMENT TRANSFORMATION PLAN

The FD presented a paper which reported that Lord Carter of Coles was asked by the Health Secretary to assess what efficiency improvements could be generated in hospitals across England. A report published in February 2016 "Operational productivity in English NHS Acute Hospitals: Unwarranted variations" made several recommendations. One of the areas identified was Procurement in the NHS.

A key requirement of Lord Carter's report was that every Trust should have a local Procurement

..... Chair
1 December 2016

Transformation Plan (PTP) in place. The PTP is intended to be a short document which highlights the key changes required to deliver the targets. It needs to explain how the Trust will meet the Model Hospital benchmarks set out under recommendation 5 of the Carter report, within the agreed timescales. It also needs to outline how the Trusts will collaborate with other Trusts and the national solutions such as NHS Supply Chain. Final PTPs should be agreed by NHS Improvement and fully in place by October 2016.

The FD reported that the Trust's current Procurement Team is the fourth one he has managed and they are by far the best; they are a very strong team who play a significant part in helping the Trust deliver for our futures.

Following discussion, the Board RECEIVED and APPROVED the Procurement Transformation Plan (PTP).

2016.2/146 TRUST PERFORMANCE REPORT

The CEO presented the new format Trust performance against all key quality, finance, compliance and workforce targets to the end of August 2016.

2016.2/146.1 OPERATIONAL PERFORMANCE

The COO presented the following update in relation to Operational Performance:

- Cancer – The two week wait performance was 94.8% against a 95% target; and the 62 day performance was 84.7% against an 85% target
- VTE – This sits at 95.6% which is 0.3% less than the previous month of July 2016.
- RTT performance – The Trust delivered 90.18% against the agreed trajectory of 92.06% during August 2016. Analysis has been undertaken which has identified that the organisation has not been in a sustainable position all year.
 - Non-Admitted – The non-admitted backlog has risen steadily since the end of May from 752 to 1390 in September
 - Admitted – The admitted backlog has risen from 488 at the beginning of August to 592 in September
 - RTT Backlog reduction by specialty – The COO reported that two specialties, Oral Surgery and Neurology, have never delivered the RTT target and unless these are recovered, the Trust will be unable to deliver the target for the remainder of the year. Discussions are ongoing with other providers. The COO reported that she wished to flag this risk; the CEO is meeting with commissioners.
- A&E performance – The A&E 4 hour performance during August 2016 was 82.2% which is 4.8% less than the July performance
- Diagnostic Waiting Times – 98.58% of patients waited under 6 weeks which is 1.24% less than the previous month of July 2016

2016.2/146.2 FINANCE

Income - Key Messages:

- Income is over performing by £0.109m
- Activity is over performing by 0.3%

Pay – Key Messages:

- The Trust has overspent in respect of Pay by £3.268m in the first five months of the year
- The Pay overspend is attributed to the inability to achieve savings as contained within the Cost Improvement Plan (CIP). Specifically these relate to savings assumed through improving staffing unavailability, implementation of the clinical and non-clinical Agency Caps and the

..... Chair
1 December 2016

requirement for the Scheduled and Unscheduled Care Groups to identify schemes to reduce workforce costs

- Monthly pay spending is potentially distorted because in the first four months the Trust has obtained cost savings by reduced numbers of agency medical staff employed. Clinical groups indicate that this practice is not sustainable.

Service Line Reporting:

- All three Care Groups (Scheduled, Unscheduled and Women & Children's) recorded a loss at the end of Q1 2016/17
- Collectively the Care Groups generated a contribution percentage of 10.17% of income
- All three Care Groups achieved a positive contribution

Overall Statement of Financial Position – Key Messages:

- The Trust is required to hold a minimum daily cash balance of £1.7m
- The Trust held a cash balance on the Balance Sheet of £7.951m at the end of August 2016
- As at Month 5, the Trust has drawn its full agreed loan funding of £5.9m - £4.375m in lieu of Sustainability and Transformation Funding (STF) and £1.525m to support Income & Expenditure (I&E) deficit. The receipt in lieu of STF will be repayable when this cash is received as an income receipt
- The Trust needs to hold sufficient cash balances to repay RWC received in lieu of STF funding and bi-annual payment of Public Dividend Capital (PDC)
- To establish a cash improvement plan to enable the Trust to manage the uncertainty regarding the receipt of the quarterly STF funding, the Trust has reduced the level of payments to creditors
- Within the I&E reported income position there is an accrual of £3m relating to Shropshire CCG which is yet to be received as cash
- If the Trust does not reduce spending to the agreed deficit of £5.9m and therefore does not receive STF funding, cashflow difficulties will be experienced from November onwards.

2016.2/146.3 WORKFORCE

- Sickness – The workforce sickness rate was 3.63% for August 2016 which is 0.33% less than July 2016
- Appraisals & Statutory Training – Whilst the majority of Care Groups and Corporate functions are above local plan; they do not achieve the Trust target of 100% compliance. Performance will continue to be monitored by the Workforce Committee.

2016.2/146.4 QUALITY & SAFETY

The Quality & Safety performance for August 2016:

- Serious Incidents – There were 7 SI's reported in August – x2 Delayed diagnosis, x2 Surgical invasive procedure incident (one of which = Never Event), x1 Treatment delay, x1 Infection control issue (MRSA bacteraemia), x1 Grace 3 Pressure Ulcer (avoidability to be confirmed). The DNQ reported that the Quality & Safety Committee scrutinised the MRSA bacteraemia case as the DNQ felt it was an avoidable infection. Actions are in place to ensure the infection does not reoccur.
- Never Event – A root cause analysis meeting has been held in relation to the surgical invasive procedure (removal of incorrect tooth) which identified that there were no specific breaches in protocol; it was human error. Mr Newman (NED) highlighted that there have been three occasions where a patient has received an incorrect procedure in Theatre; the DNQ reported that the first two related to policy and process. The Chair agreed that this is a serious concern; the Executive Directors agreed to discuss further. **Action: Exec Directors**
- Falls and Pressure Ulcers not meeting SI criteria – There was 1 fall resulting in a fracture that occurred and 1 Grade 3 pressure ulcer identified during August 2016. Following initial review it was

..... Chair
1 December 2016

identified that these did not meet the revised SI Framework definition for severity of harm, where act or omission was a factor.

- Nursing & Midwifery Staffing Levels (Monthly) - The Board continues to receive assurance in relation to staffing levels on a monthly basis and narrative explanation provided where staffing hours are > 110% or < 85% than planned. The August Trust wide staff fill rates were 93.2% registered nurses/midwives and 107.8% care staff during the day, and 97.4% registered nurses/midwives and 110.9% care staff during the night. The Heads of Nursing and Midwifery, Matrons and Ward Managers continue to monitor actual versus planned staffing levels across the Trust on a daily basis to ensure that appropriate action is taken to mitigate risk when there are staffing shortfalls.
- NHS England 6-monthly Nurse Staffing review – The paper reported that since the last nursing and midwifery establishment report to the December 2015 Trust Board, the Trust's adult inpatient bed base has remained largely unchanged. The adult inpatient areas (excluding ITUs) have collected data using the Safer Nursing Care Tool (SNCT) during each quarter since the last staffing review. The Trust now has two years' worth of SNCT data which enables a seasonal overview of patient acuity/dependency trends and ongoing monitoring of the 'required' staffing levels as determined by the tool, compared to the budgeted staffing.
The DNQ highlighted the chart which shows the average number of patients per day requiring Level 1b care during SNCT data collection periods on the adult inpatient wards; this showed 179 patients requiring 1b level of care during March 2014 compared to 308 patients during January 2016. Temporary adjustments / changes to the skillmix has been made to the templates on the wards, reducing the skilled nurses and increasing the number of Health Care Assistants. Regular benchmarking is undertaken, and real time acuity will be carried out twice a day on wards to help the organisation be more responsive.

Following discussion, the Board RECEIVED the Trust Performance Report.

A&E IMPROVEMENT PLAN

Performance

The COO presented a paper which highlighted that the A&E 4 hour performance is off trajectory. There are differing issues on each of the two sites, with admitted breaches being the predominant factor at RSH and non-admitted breaches at PRH. Barriers to improving performance are:

- Workforce availability within SaTH. Analysis of performance demonstrates that performance between 9am and 6pm is around 90% but significantly deteriorates as the number of senior decision makers reduces (out of hours)
- The Trust received less Junior Doctors in August than planned and expected which has led to increased lengths of stay and internal delays in patient flow
- Inadequate discharge planning leading to late discharges
- Above planned levels of ED admissions (on which the improvement trajectory was based)
- Continued high levels of Delayed Transfers of Care (DToC) throughout the summer (c10%) and Medically Fit for Discharge (MFFD) patients at 14%
- Failure to realise the expected reduction in the number of breaches through the SAFER programme, and streaming in ED aimed at non-admitted breach reduction

National A&E Improvement Plan

In July 2016, SaTH's position nationally was 54th worst for Type 1 attendances and 52nd worst for all attendances. This has shown an improved position month on month.

In the middle of August the National A&E Improvement Plan was publicised with 5 areas mandated for delivery:

..... Chair
1 December 2016

1. Streaming at the front door to ambulatory and primary care
2. NHS 111 – increasing the number of calls transferred for clinical advice
3. Ambulances – Dispatch and Disposition and code review pilots; HEE increasing workforce
4. Improved flow – must do's that each Trust should implement to enhance patient flow
5. Discharge – mandatory 'Discharge to Assess' and trusted assessor types of models

Systems have been required to RAG rate their respective schemes against the National Plan and agree any other areas of focus to supplement the 5 mandated areas. The full plan was being presented at the first A&E Delivery Board on 27 September 2016 with a view to agreeing any additional schemes for implementation this year in support of achieving the 4 hour trajectory for the remainder of the year. The COO highlighted that the Trust is required to submit its revised trajectory to NHSI and NHSE at the beginning of October; this is a challenge.

Action Required

The paper reported that there is absolute focus on improving performance against the 4 hour target and the latest advice from the Centre will be used to support the delivery of this.

Monitoring of an improvement in performance against the 4 hour target will occur at the Sustainability Committee, supported by the Confirm & Challenge meeting chaired by the Deputy Chief Executive.

Following discussion, the Board RECEIVED and NOTED the publication of the National A&E Improvement Plan, and assurance that SaTH's actions within this and the change in governance arrangements will deliver an improvement in performance.

OPERATIONAL PLAN PROGRESS REPORT MONTH 5

The FD presented a paper which reported that the Operational Plan for 2016/17 was approved at the March 2016 Trust Board.

A Board view of year to date performance, broken down by Care Group/Service, highlighted that the Trust has not achieved some key elements of the Operational Plan. Plans are being progressed in a number of areas to recover the Trust's position.

In the context of finances; if SaTH does not achieve the forecast £5.9m, it will not receive the STP Fund; however, if SaTH does achieve the deficit but fails the RTT and A&E targets, it's access to the Fund will reduce by 10%.

The CEO reported that the Executive team met during July 2016 to agree five key areas to focus on to reduce costs; these elements will come into play from the first week of October and could generate up to £2m.

Mr Newman (NED) highlighted that a lot of time and money was generated to undertake the Deep Dives which identified a number of cost saving schemes and he requested some assurance that the suggested cost savings/repatriation/market share is being monitored. It was confirmed that some repatriation has already been seen in CT angiography.

Mr Deadman (NED) requested the Board to provide support to managers when they are carrying a heavy load and embedding ownership. The Board members agreed.

The Chair felt that the Board are now aware of where the issues lie and feels very optimistic, however he requested some assurance of delivery of the plans. The CEO confirmed that these issues will be addressed to ensure delivery at the end of the year against the £5.9m trajectory.

The Board NOTED the progress of the Operational Plan for August 2016.

2016.2/147

NHS EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) CORE STANDARDS ASSURANCE 2016/17

..... Chair
1 December 2016

The COO presented this paper which reported that the Trust is required to undertake the annual EPRR assurance process to assess our preparedness against the core standards. A self-assessment has been completed against the relevant individual core standards and our compliance has been rated.

This was presented to NHS England and the CCG lead for discussions and assessment at the end of September 2016; early indication suggested SaTH will be rated partial compliance. This is a lower level of compliance from the 2015/16 assessment due to a change in the scoring system; however, all parties acknowledge the Trust is in a better position in relation to preparedness.

Key areas that require attention include training and preparedness within RSH ED and Trust-wide Business Continuity. Plans are in place to address these and we are confident that the Trust will be able to improve the compliance level of the next 6 – 8 months.

The Board RECEIVED and REVIEWED the self-assessment and APPROVED the action plan to enable the Trust to improve compliance and develop a sustainable Business Continuity Plan.

2016.2/148 SATH 2016/17 OPTIONS TO ACHIEVE WINTER RESILIENCE

The COO presented a paper which reported that as we approach winter it is necessary to ensure SaTH has enough bed capacity on both hospital sites to deliver the anticipated level of emergency activity and keep our patients and staff safe. Resilience through the winter period this year is of concern as escalation areas have been in use throughout the summer period and are still in use.

A review of winter 2015/16 was undertaken and a number of issues were identified for planning for 2016/17.

SaTH consistently works above the nationally recommended bed occupancy levels and is currently at 98% so therefore needs to be able to create some flexible capacity over the winter months. If the activity predictions are correct and length of stay remains unchanged, then for the winter period 1 November 2016 to 31 March 2017, SaTH will require an additional 92 medical beds.

A high level financial appraisal of options and support costs has been undertaken. Once the preferred option(s) has been decided, to ensure safety and quality of patient care and functionality of the Emergency Department over the winter period, they must be implemented and in place by 1 November 2016 and if not then, by the end of December 2016.

The Chair enquired what could be achieved within the realms of possibility and affordability.

The paper highlighted the following options that have been considered by the Winter Planning Group to manage emergency activity and flow over the winter period to further close the gap:

- Option 1 – Do nothing
- Option 2 – ‘Drop in’ ward on RSH site (20 – 25 beds) for supported discharge
- Option 3 – Release 16 bedded ward on RSH site from Scheduled Care
- Option 4 – Relocate elective orthopaedic surgery into DSU at PRH
- Option 5 – Utilise day surgery capacity at RJAH
- Option 6 – Step down beds in Shrewsbury care home provision
- Option 7 – Utilise day surgery at RSH

Recommended Options:

In order to keep patients safe over the winter period, a combination of options need to be considered, although each carries with it a risk of whether we are able to staff it and the risk of being unable to secure drop-in wards.

..... Chair
1 December 2016

RSH Site

Option 3 is progressed with Option 7. This would create a 16 bedded supported discharge ward from 1 November 2016; and would cohort Delayed Transfers of Care (DTOCs) and Medically Fit For Discharge (MFFD) patients in one area. Option 7 is to transfer short stay surgery to DSU (maximum of 12 beds). The cost of this option is £0.69m plus £0.309m for enabling schemes.

Option 2 is progressed with Option 3 and Option 7. This would create an additional 41 beds for medicine on the RSH site. The cost of this option is £1.94m plus £0.39m for enabling schemes.

PRH Site

Option 4 is progressed which would create 28 additional beds for medicine and transfer elective orthopaedic activity to the DSU and outsource to external provider to maintain RTT performance. The cost of this option is £1.95m plus £0.213m for enabling costs.

It was agreed that the organisation's first priority relates to patient safety which has to be secured above financial targets. Dr Walford (NED) agreed that this tension between financial targets and safety is a serious problem and that the issues relating to effective patient flow and safety are reflected in the Board Assurance Framework as the majority of risks are RAG rated Red.

The Board agreed to hold further discussions outside of the Board meeting with the intention of moving swiftly towards an agreed solution, which minimised financial impact but ensured patient safety. The Chair agreed to delegate authority to the CEO to present outcome to the Sustainability Committee.

Action: CEO / Sustainability Committee

2016.2/149 ANNUAL REVIEW OF STANDING FINANCIAL INSTRUCTIONS AND STANDING ORDERS

A review of the Standing Financial Instructions, Standing Orders and Reservation of Powers to the Board has taken place.

Following discussion, the Trust Board APPROVED the changes.

2016.2/150 REVIEW OF THE SHROPSHIRE, TELFORD AND WREKIN SUSTAINABILITY AND TRANSFORMATION PLAN (STP) (*Presentation attached to Minutes*)

The CEO provided an update in terms of highlights and the final version which is to be submitted to NHS England on 21 October 2016; following which he would keep the Board informed.

The key areas of the STP that require further work are:

- The financial analysis. Importantly this demonstrates that the health community can achieve financial sustainability by 2020/21, although it may not be possible for each individual organisation to achieve a break-even position in every intervening year
- The modelling of the activity shift away from hospital towards community provision will be critical to provide confidence that the capacity in Neighbourhood Teams is sufficient to relieve pressure on both hospitals and primary care
- A short piece of consultancy to define the outcomes of the workstreams in more detail to ensure that progress can be tracked and that the outcomes are consistent with each other
- A Communications and Engagement Strategy. Although the STP is not yet a public document, ensuring that there is good public and patient involvement in developing plans; and that there is a consistent way of engaging with the public to explain the STP as this is crucial in gaining the public's confidence.

..... Chair
1 December 2016

The CEO wished to seek the approval of the Board and for them to forward feedback / concerns to him. The Chair highlighted that the deadlines do not appear to work alongside SaTH's Board meetings.

Mr Deadman (NED) reported that he hopes the public's perception of the STP becomes much more positive. It was agreed that in future there should be better promotion of the STP, which is currently organised through the Programme Team

The Board

- NOTED the progress that has been made since June
- AGREED to provide feedback on any issues requiring further clarity before submission
- DELEGATED responsibility for sign off to the Chair and CEO

TRANSFORMATION

2016.2/151 **TRANSFORMING CARE UPDATE** (*Presentation attached to minutes*)

The Board welcomed Cathy Smith, SaTH Kaizen Promotion Office (KPO) Lead, to the meeting to present a Transforming Care Institute (TCI) update.

The presentation highlighted the TCI journey:

- Mission – To lead healthcare transformation with a structured proven approach
- Vision – To be the Trust's resource for continuous improvement deploying the Transforming Care Production System ((TCPs)
- Purpose – To coach and facilitate healthcare teams to continuously improve process and care

Recent results have seen:

Respiratory Value Stream:

- 98% reduction in time from arriving on the respiratory ward to be informed of a plan/date for discharge (1229 to 20 minutes)
- Reduction from 540 to 50 minutes to commence fact finding assessment
- 60% or more reduction in walking distance of nurse, physio and Occupational Therapist to complete assessment
- 75% defect rate reduced to 2% for completion of x-ray forms

Sepsis Value Stream:

- 92% reduction in time from diagnosis of Sepsis to commencement of all elements of the Sepsis bundle (296 to 23 minutes)
- 100% of patients receive all appropriate elements of the Sepsis bundle within 1 hour
- Reduction in steps taken by a patient 84 to 22 steps before they are reviewed for signs and symptoms of Sepsis
- Time to complete nursing documentation associated with the screening and diagnosis of Sepsis reduced by 84% (45 to 7 minutes)
- A Sepsis video has been produced and will be rolled out

The KPO Lead reported that the organisation is nearing the end of its first year since VMI was introduced to the Trust. The organisation has a KPO Team / Guiding Team which has run four programmes resulting in shortening the time of patients' treatment. Rapid Improvement Weeks (RPIW) and Genba Walks have been introduced and the Trust has over 1,000 members of staff involved in training. A TCI Institute has also been established and the Trust is ahead of its objectives.

The COO reported that in the past the Board has requested for the Trust to be business focused; and this work is helping to progress all other aspects along the journey as work is being measured which can help transform the care we provide.

..... Chair
1 December 2016

The MD highlighted that the effects are beyond what was expected and the programme is re-igniting the workforce to see what can be achieved in the NHS. The Virginia Mason Institute (VMI) has recognised that SaTH has achieved more in Year 1 than they did in 4 years.

The CEO urged the Board to attend a RPIW event to witness the energy being generated.

The KPO Lead highlighted that recognition should be given to the staff themselves as although they facilitate the Value Streams; they identify the issues in the first instance.

The Chair thanked the KPO Lead and CEO for their updates.

ASSURANCE

SUMMARY OF AUDIT COMMITTEE – 15 SEPTEMBER 2016

Dr Hooper (NED) presented the Audit Committee summary of the 15 September 2016. Key summary points include:

2016.2/152(i) Board Assurance Framework (BAF)

The Committee reviewed the BAF and were pleased to note the new arrangements whereby the appropriate Tier 2 Committee (Workforce, Quality & Safety, Sustainability) review the BAF risks at each of their meetings.

Internal Audit also confirmed that the Trust's BAF had received 'Substantial Assurance' for four consecutive years.

Further points from the Committee:

- The Committee discussed External Audit's use of the work "unlawful" within their Annual Audit letter. It was confirmed that this is referred to the delivery of a deficit control total which, as in previous years, would be reported to the Secretary of State. It was noted that the Trust's previous External Auditors described the position as a 'breach of statutory regulations' which more accurately reflected that the breach had been agreed with the TDA and that there were plans in place to work to a sustainable position and 85% of Trusts were in this position. It was agreed that the Finance Director would consider providing a Board Development session to discuss this in more detail.
- The Committee approved a change to the Internal Audit Plan to ensure the budget was not compromised. It was agreed to remove the planned audit of the Outline Business Case and Outpatients as they would be scrutinised independently through external review of the OBC and through the latest VMI Value Stream
- The Board.

Following discussion, the Board NOTED the content of the June 2016 Audit Committee update and RATIFIED the change to the Internal Audit Plan.

2016.2/152(ii) External Audit Appointment Panel

The Board also received an update from the External Audit Appointment Panel and noted that the FD was seeking advice from Procurement on the appointment process for Internal Audit

2016.2/153 **BOARD ASSURANCE FRAMEWORK**

The CEO presented the latest Board Assurance Framework which has been updated since the last

..... Chair
1 December 2016

presentation to Trust Board; these include recent changes and some additional assurances.

Following review, the Board APPROVED the BAF.

2016.2/154 ANNUAL REPORTS

2016.2/154.1 Annual Report – Infection, Prevention & Control 2015/16

The DNQ presented the Infection Prevention & Control 2015/16 Annual Report, for information. The Board congratulated the IPC team for the high level of the report. The DNQ agreed to relay the Board's comments to the IPC team.

Action: DNQ

2016.2/154.2 Annual Report – Safeguarding 2015/16

The DNQ presented the Safeguarding 2015/16 Annual Report. The Board were pleased to note the developments over the past year.

2016.2/154.3 Annual Report – Research & Innovation 2015/16

The MD presented the R&I 2015/16 Annual Report for information.

Following discussion, the Board RECEIVED and NOTED the above mentioned 2015/16 Annual Reports.

2016.2/155 LEARNING / REFLECTION OF THE MEETING

The Chair thanked the Board for the shaping of the meeting which enabled them to hold discussions proactively.

2016.2/156 ANY OTHER BUSINESS

No further business was raised.

2016.2/157 QUESTIONS FROM THE FLOOR

- Q1**
- i) Mr David Sandbach highlighted that he was surprised to read in the Workforce Summary that a further A&E Consultant has resigned and the service is now down to 1 in 4. He hopes the Board has looked at the tipping points and urged the Trust to shut down one of its A&E Departments, in line with recent action taken by Chorley and South Ribble District General Hospital, as he feels SaTH is in a very serious position.
 - ii) Mr Sandbach also wished to thank Dr Walford (NED) for his sterling contribution to the organisation over the years.

2016.2/158 DATE OF NEXT PUBLIC TRUST BOARD MEETING

Thursday 24 November 2016 at 2pm in Seminar Rooms 1&2, Shropshire Conference Centre, Royal Shrewsbury Hospital (TO BE CONFIRMED)

The meeting closed at 5.40pm

..... Chair
1 December 2016

ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 29 SEPTEMBER 2016

Item	Issue	Action Owner	Due Date
2016.2/133.1	<u>Matters Arising – 2016.2/65.4</u> To present Patient Experience Strategy to future Trust Board	DNQ	1 Dec 2016
2016.2/133.11	<u>Matters Arising – 2016.2/116</u> To present Outline Business Case to future Trust Board	FD	Oct / Nov 2016
2016.2/134	<u>Matters Arising – 2016.2/126.3</u> To provide update to future Trust Board in relation to nursing overtime	WD	1 Dec 2016
2016.2/148	<u>SaTH 2016/17 Winter Plan Update</u> To hold further discussions outside of Board meeting with an intention of moving swiftly to a decision	CEO/Exec Directors	Oct 2016
2016.2/154.1	<u>2015/16 Annual Report – IPC</u> To relay Board's comments to the IPC Team regarding the high level of the IPC Annual Report	DNQ	Oct 2016

..... Chair
1 December 2016